

# RETIREMENT SAVINGS PLAN APPLICATION



Please retain a completed copy for your own records. This account is bound by the Client Account Terms and Conditions at <http://steadyhand.com/accounts/forms/>

Steadyhand Investment Funds Inc.  
1747 West 3rd Avenue  
Vancouver, BC, V6J 1K7  
ph. 1-888-888-3147  
fax. 1-888-888-3148

I am a new client; or, my Steadyhand Login ID is:

## 1. Account Type (select one)

- RSP  Locked-In Retirement (LIRA)\*  
 Spousal RSP  Locked-In RSP\*

\* For Locked-In Plans only, indicate governing legislation and complete a Locked-In addendum:

If you are a new client you must provide a personal cheque drawn on a Canadian bank account for the initial purchase amount, or for \$1 if you are funding the account by transferring from another institution.

## 2. Annuitant Information

Title  Dr.  Mr.  Mrs.  Ms.

Last Name  First Name

SIN  Birthdate

Address

City  Province

Postal  Dependents

Home ph.  Bus. ph.

Employer  Occupation

Please make cheques payable to **"Steadyhand Investment Funds Inc. in Trust"**.

Please use birthdate format YYYY-MM-DD

## Please provide memorable personal verification information:

Date  Date Hint

Location  Password\*

Your mother's maiden name

\* Your password must have a minimum of 6 and a maximum of 16 alphanumeric characters, and must include at least one letter, one number, and one symbol (e.g. steady123\$). Passwords are case sensitive.

**Important!** You must have a valid email address to open an account. By signing here, you confirm that you agree to receive trade confirmations, account statements, other account information and mutual fund documents via electronic delivery only and that you agree and accept the terms and conditions of the Electronic Delivery Agreement per the Client Account Terms and Conditions located on our website. You also authorize us to accept, by telephone, your instructions to place subsequent transactions for units of the Steadyhand Funds held in this account. All requests we receive via telephone are recorded for security purposes.

Email

Signed   Date

Check here to subscribe to our monthly email newsletter

### 3. Spousal Account Contributor Information (for spousal accounts only)

Title	<input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Same address as annuitant?	<input type="checkbox"/>
Last Name	<input type="text"/>	First Name	<input type="text"/>
SIN	<input type="text"/>	Birthdate	<input type="text"/>
Address	<input type="text"/>		
City	<input type="text"/>	Province	<input type="text"/>
Postal	<input type="text"/>	Dependents	<input type="text"/>
Home ph.	<input type="text"/>	Bus. ph.	<input type="text"/>
Employer	<input type="text"/>	Occupation	<input type="text"/>

For Spousal RSP accounts, contribution receipts are issued in the name of the Contributor.

#### Spousal Contributor Electronic Funds Transfer Authorization

As contributor to this spousal RSP account, I agree to the terms and conditions as outlined in the Steadyhand Client Account Terms and Conditions for Debit Purchase Authorization Agreement and Terms and Conditions for a Pre-Authorized Debit ("PAD") and authorize electronic fund transfers from my bank account (details of which have been provided through provision of a void cheque) to fund contributions to this Steadyhand Investment Funds Inc. client account. The Annuitant must give Steadyhand trade instructions unless I have Power of Attorney over the account.

This section **must** be signed by the Spousal Contributor. If EFT contributions will be made from the contributor's individual bank account, we require a void cheque.

Signed <b>X</b>	<input type="text"/>	Date	<input type="text"/>
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### 4. Beneficiary Information

- Designate my estate as beneficiary, or  
 Designate the following individual as beneficiary:

Choose one option only (either your estate or an individual).

Title	<input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Same address as annuitant?	<input type="checkbox"/>
Last Name	<input type="text"/>	First Name	<input type="text"/>
Address	<input type="text"/>		
City	<input type="text"/>	Province	<input type="text"/>
Postal	<input type="text"/>	Relationship	<input type="text"/>
Email	<input type="text"/>		

### 5. Additional Account Owner Information

- Will other person(s) have trading authority and/or financial interest in the account?  No  Yes
- Are you a Politically Exposed Person as defined in Terms & Conditions?  No  Yes

If yes, please complete the **Power of Attorney Form**.

## 6. Account Objectives and Investor Profile for This Account

Please ensure that your investment instructions accurately reflect your [investment objectives](#) and [risk tolerance](#). Risk tolerance is the amount of volatility that you can accept in your investments, and is reflected in the expected percentage of your account that you will hold in funds in each risk category. We will use your risk tolerance in conjunction with your account application information to determine if the asset allocation in your account is appropriate. Steadyhand's equity funds are growth oriented (geared towards capital gains) and may not be a reliable income source of interest or dividends.

Investment Objective	<input type="checkbox"/> Income <i>max. 10% equity funds</i>	<input type="checkbox"/> Growth & Income <i>max. 60% equity funds</i>	<input type="checkbox"/> Growth <i>max 100% equity funds</i>	
Investment Time Horizon	<input type="checkbox"/> Under 3 years	<input type="checkbox"/> 3 - 10 years	<input type="checkbox"/> Over 10 years	
Our funds have different risk profiles based on their expected volatility of returns. Please indicate the <i>percentage</i> you expect to hold in each category.	<input type="text"/> % Low risk <i>(Savings Fund)</i>	<input type="text"/> % Medium risk <i>(Income/Founders Funds)</i>	<input type="text"/> % Med-high risk <i>(Equity Funds)</i>	
Your Investment Knowledge	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High	
Annual Income	<input type="checkbox"/> \$0 - 35,000	<input type="checkbox"/> \$35,000 - 49,999	<input type="checkbox"/> \$50,000 - 99,999	<input type="checkbox"/> Over \$100,000
Net Worth	<input type="checkbox"/> \$0 - 99,999	<input type="checkbox"/> \$100,000 - 499,999	<input type="checkbox"/> \$500,000-1,999,999	<input type="checkbox"/> Over \$2,000,000

The Founders Fund is considered 60% equity.

Must total 100%. Note that your account cannot exceed your risk tolerance. For example, if you indicate 50% Medium risk, you cannot hold more than 50% equity funds.

Intended use (e.g. investment, retirement)

Source of funding (e.g. other investment firm, income)

## 7. Initial Investment Instructions

Cheque in the amount of:

Transfer from your existing Steadyhand account # / fund:

EFT from your bank information on file for existing Steadyhand account # (will be used for future EFT requests)

Transfer from RSP account at separate institution, approximate amount:

For transfers, please complete one **Transfer Authorization for Registered Investments Form** or **Transfer Form for Pension Investments (T2151)** per relinquishing institution.

Code	Fund	Amount (minimum \$10,000 per fund)	Percent
110	Savings Fund	\$ <input type="text"/>	% <input type="text"/>
120	Income Fund	\$ <input type="text"/>	% <input type="text"/>
125	Founders Fund	\$ <input type="text"/>	% <input type="text"/>
130	Equity Fund	\$ <input type="text"/>	% <input type="text"/>
140	Global Equity Fund	\$ <input type="text"/>	% <input type="text"/>
150	Small-Cap Equity Fund	\$ <input type="text"/>	% <input type="text"/>
<b>TOTAL:</b>		\$ <input type="text"/>	<b>100%</b>

Please make cheques to **"Steadyhand Investment Funds Inc. in Trust"**. Any future Electronic Funds Transfer requests will be processed from the contributor's void cheque you provide.

If applicable, your \$1 identification cheque will be distributed to the Steadyhand funds in accordance with National Instrument 81-102. It will not be deposited directly to your account.

## 8. Account Grouping

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If you have other accounts with Steadyhand and wish to group accounts belonging to the investors signing this form for our fee reduction program and consolidated statements, please provide the account names and numbers.

Account Owner	Account Number
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

If you wish to consolidate statements among related investors who are not completing this application, please complete the **Account Consolidation** form.

## 9. Agreement

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By signing here, you certify that the information you have provided in this application is true, complete and accurate, and may be relied upon by Steadyhand until you provide Steadyhand with notice of any changes. You also confirm that you have read and understand the relevant Fund Facts, the Client Account Terms and Conditions found at <http://www.steadyhand.com/accounts/forms/>, including the Client Relationship Disclosures, Electronic Delivery Agreement, Website Terms and Conditions, Privacy Policy, Risk of Leveraging Disclosure, and Debit Purchase Authorization Agreement, and you agree to the terms and conditions set out therein. You acknowledge, consent to, and authorize Steadyhand to obtain an identification verification check in order to comply with the Federal Anti-Money Laundering/Proceeds of Crime Act (as necessary). You further confirm that you will advise Steadyhand within 30 days of any change in circumstances that causes the information on this application to become incomplete or inaccurate. You also confirm that you have read, understand, and agree to the terms of the Declaration of Trust found in the Terms & Conditions. You request that the Trustee apply to register this Plan as a Registered Retirement Savings Plan under the Income Tax Act (Canada). For spousal RSP accounts, I understand that as the Annuitant I must provide Steadyhand with investment instructions unless I have given someone Power of Attorney over my account.

Annuitant Signature	<b>X</b> <input type="text"/>	Date	<input type="text"/>
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Please remember:

- sign Section 2 & 9. For spousal accounts, the spousal contributor must sign Section 3.
- include your \$1 identification cheque, and if necessary, a void cheque from the spousal contributor's bank.
- ensure that your selected investments align with the Investment Objective and Risk Profile information completed in Section 6.
- for Locked-In Plans, you must complete and provide the appropriate Locked-In Addendum.
- complete and sign one transfer form for each account transfer.
- watch for an email confirmation once your account is set up and funded.

# AUTOMATIC PURCHASE FORM

Use this form to setup automatic purchases to your existing account.



info@steadyhand.com  
Phone: 1.888.888.3147  
Fax: 1.888.888.3148

Mail or fax completed forms to:  
Steadyhand Investment Funds Inc.  
1747 West 3rd Avenue  
Vancouver, BC, V6J 1K7

## 1. Account Holder Information

Steadyhand Account Number: \_\_\_\_\_ Account Holder: \_\_\_\_\_

Contact telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Account Type:  RSP

## 2. Automatic Purchase of Steadyhand Funds from Your Bank Account ('Pre-Authorized Chequing'):

- If your bank account information has changed, please include a void cheque.
- Funds will be withdrawn from your account on the 1st and/or 15th of each month. For non-business days, the withdrawal will be on the next business day.
- For RSP and TFSA contributions, you are responsible for calculating your maximum allowable contribution.
- For Spousal RSP contributions, the spousal contributor agrees to fund the contribution to the account holders spousal RSP account and must complete an **EFT Authorization Agreement**.
- We must receive this form three business days before the next scheduled trade in order for the automatic purchase to occur that month. You may cancel at any time via phone or written instruction; however, **cancellations must be received four business days before the next scheduled trade** or that transactions will proceed.
- Transaction confirmations will be shown in the client portal at [www.steadyhand.com](http://www.steadyhand.com); you will not receive email transaction confirmations.
- In the event of a dishonored cheque, we may charge you a fee for any expenses occurred, and we may cancel your future automatic purchases.
- Transactions are categorized as Fund Transfer Pre-Authorized Debits per the Canadian Payments Association.

Start date (YYYY/MM/DD): \_\_\_\_\_  Monthly (1st OR 15th of month), or  Semi-monthly (1st AND 15th of month)

### Investment Instructions (minimum automatic purchase amount is \$100 per fund):

	Fund Number and Name	\$ Amount	Percent
110	Steadyhand Savings Fund	\$	%
120	Steadyhand Income Fund	\$	%
125	Steadyhand Founders Fund	\$	%
130	Steadyhand Equity Fund	\$	%
140	Steadyhand Global Equity Fund	\$	%
150	Steadyhand Small-Cap Equity Fund	\$	%
TOTAL:		\$	100%

## 3. Signature

I/we acknowledge that I/we will not receive a Fund Facts document for subsequent purchases under this pre-authorized purchase plan, unless I/we specifically request it. I/we am entitled to receive upon request, at no cost to myself, the most recently filed Fund Facts document by contacting Steadyhand. An electronic copy of the Fund Facts document can also be obtained by visiting [www.steadyhand.com](http://www.steadyhand.com). I/we will not have a right of withdrawal under securities legislation for subsequent purchases of a mutual fund under the plan, but will continue to have a right of action if there is a misrepresentation in the prospectus or any document incorporated by reference into the prospectus. I/we may terminate the plan at any time.

I/we authorize Steadyhand Investment Funds Inc. to debit my bank account with my banking information on file as per the instructions above. I/we waive the ten (10) day pre-notification period for the first trade. I/we may revoke my authorization at any time, subject to providing notice of four (4) business days via phone or written instructions to Steadyhand Investment Funds Inc. You have certain recourse rights if any debit does not comply with this Agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my/our right to cancel my/our automatic purchase agreement or my/our recourse rights, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

Account Holder: \_\_\_\_\_ Date (yyyy/mm/dd): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(or Spousal contributor for Spousal RSPs)